

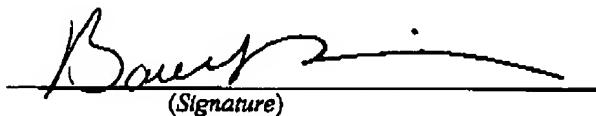
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Examiner Name:	CHOI, JACOB Y
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I hereby certify that this Revocation and Appointment of Power of Attorney and Change of Correspondence Address
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